

Work Order ID 102817

\*102817\*

Page 1

June-12-13 9:14:40 AM

D 3 2 4 5 - 1

Item ID: D3245-1

B 1 0 2 8 1 7

Accept

\*N900040100\*

Setup Start

\*NS1\*

Revision ID:

Stop

\*NS2\*

Item Name: Panel

Start Date: 6/11/13 Start Qty: 8.00

\*8\*

Cust Item ID:

Required Date: 6/11/13 Req'd Qty: 8.00

\*8\*

Customer:

Reference:

Approvals: Process Plan: MLJ

Date: 13-06-12 Tooling:

Date:

Run Start

\*NR1\*

QC:

Date: SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

Draw Nbr	Revision Nbr
----------	--------------

D3245	D
-------	---

100	0.00
-----	------

\*100\* FLOW WATER JET

Waterjet Memo 0.00

FLOW CNC Waterjet 1-Cut as per Dwg D3245 \*\*\*\*prog.D3245-1/2\*\*\*\*

304-032 Dwg Rev: D

Prog Rev: D

2-Deburr if necessary

110 QC2- Inspect parts off machine FAI/FAIB 0.00

\*110\* QC Memo 0.00

Quality Control

8 0 Ae  
13-07-15

8 0 Ae  
13-07-15

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_

Date: \_\_\_\_\_

Work Order update only 

Work Order: _____	DISPOSITION			AGAINST DEPARTMENT/PROCESS				
Part No. _____	Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
NCR No. _____	Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
	Suspected Unapproved <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

## FAULT CATEGORY

Landing Gear	General			
Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Folio/Program <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>
Centre Not Concentric <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Grain <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Set-up <input type="checkbox"/>
Cracks <input type="checkbox"/>	Broken/Damage/Defect <input type="checkbox"/>	Hardware <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>
Crimp/Kink/Ripple/Wave <input type="checkbox"/>	Burrs <input type="checkbox"/>	Inspection Incomplete/Unqualified <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Weld <input type="checkbox"/>
Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Moved <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>
Crushing <input type="checkbox"/>	Countersink <input type="checkbox"/>	Misaligned/off center <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>	
Heat Treat <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>	
Inspection Strip in Tube <input type="checkbox"/>	Drawing <input type="checkbox"/>	Misread <input type="checkbox"/>		
Marks/Chatter <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Off-set <input type="checkbox"/>		
Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>		
Wave/Twist in Tube <input type="checkbox"/>	Fit/Function <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>		

Work Order ID 102817

\*102817\*

Page 2

June-12-13 9:14:40 AM

Item ID: D3245-1

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Item Name: Panel

Stop

\*NS2\*

Start Date: 6/11/13 Start Qty: 8.00

\*8\*

Cust Item ID:

Required Date: 6/11/13 Req'd Qty: 8.00

\*8\*

Customer:

Reference:

Approvals: Process Plan:

Date: \_\_\_\_\_

Tooling:

Date: \_\_\_\_\_

Run

Start

\*NR1\*

QC: \_\_\_\_\_

Date: \_\_\_\_\_

SPC (Y/N):

Date: \_\_\_\_\_

Stop

\*NR2\*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
120 <b>*120*</b> QC Quality Control	QC8- Inspect parts - second check Memo	0.00 0.00	120 B7/5			8			
130 <b>*130*</b> Brake NC Brake NC	NC BRAKE Memo	0.00 0.00							
	1- C'sink as per Dwg D3245 2- Form D3245-1 as per Dwg D3245 Identify as D3245-1		120						
140 <b>*140*</b> QC Quality Control	QC5- Inspect part completeness to step on W/O Memo	0.00 0.00	140 B8.14			8			

8/13/14  
SB  
13/07/23

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Date:



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

### Work Order update only

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS						
Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>				Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>		Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>		Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>		Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>		
Root Cause		Date	Step	Qty	Description of work order update or non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector
Design	<input type="checkbox"/>											
Doc/Data	<input type="checkbox"/>											
Equip/Tooling	<input type="checkbox"/>											
Handling/Pre	<input type="checkbox"/>											
Material	<input type="checkbox"/>											
Operator	<input type="checkbox"/>											
Offset/Setup	<input type="checkbox"/>											
Process	<input type="checkbox"/>											
Supplier	<input type="checkbox"/>											
Training	<input type="checkbox"/>											
Transport	<input type="checkbox"/>											
Unapproved	<input type="checkbox"/>											
FAULT CATEGORY												
Landing Gear				General								
Bending Centre Not Concentric Cracks Crimp/Kink/Ripple/Wave Cuffs Crushing Heat Treat Inspection Strip in Tube Marks/Chatter Turning Sequence Wave/Twist in Tube				Bend BOM/Route Broken/Damage/Defect Burrs Contamination Countersink Cut Too Short Drawing Drill Holes Finish Fit/Function								
				Folio/Program Grain Hardware Inspection Incomplete/Unqualified Instructions Incomplete/Unclear Misaligned/off center Mislabeled Misread Off-set Out of Calibration Out of Sequence								
				Outside Dimensions Over/Under tolerance Part Incorrect Part Lost/Missing Part Moved Positioned Wrong Power Loss/Surge								
				Pressure/Forced Set-up Temperature/Cure Weld Wrong Stock Pulled								
				Other								

Work Order ID 102817

\*102817\*

Page 3

June-12-13 9:14:40 AM

Item ID: D3245-1

Accept

\*N900040100\*

Setup

Start

\*NS1\*

Revision ID:

Item Name: Panel

Stop

\*NS2\*

Start Date: 6/11/13 Start Qty: 8.00

\*8\*

Cust Item ID:

Required Date: 6/11/13 Req'd Qty: 8.00

\*8\*

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

\*NR1\*

QC:

Date:

SPC (Y/N):

Date:

Stop

\*NR2\*

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID

Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

150

Identify as per dwg & Stock Location: 57233

0.00

8X

ML 13-08-19

\*150\*

Packaging

Packaging

Memo

0.00

160

QC21- Final Inspection - Work Order Release

0.00

ML 13-08-21

\*160\*

QC

Quality Control

Memo

0.00

ML 13-08-19

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_

Date: \_\_\_\_\_

Work Order update only 

Work Order: _____	DISPOSITION			AGAINST DEPARTMENT/PROCESS				
Part No. _____	Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
NCR No. _____	Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
	Suspected Unapproved <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

## FAULT CATEGORY

Landing Gear	General				
	<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Folio/Program	<input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Pressure/Forced
	<input type="checkbox"/> Centre Not Concentric	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Grain	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Set-up
	<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damage/Defect	<input type="checkbox"/> Hardware	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Temperature/Cure
	<input type="checkbox"/> Crimp/Kink/Ripple/Wave	<input type="checkbox"/> Burrs	<input type="checkbox"/> Inspection Incomplete/Unqualified	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Weld
	<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Moved	<input type="checkbox"/> Wrong Stock Pulled
	<input type="checkbox"/> Crushing	<input type="checkbox"/> Countersink	<input type="checkbox"/> Misaligned/off center	<input type="checkbox"/> Positioned Wrong	<input type="checkbox"/> Other
	<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Power Loss/Surge	
	<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Drawing	<input type="checkbox"/> Misread		
	<input type="checkbox"/> Marks/Chatter	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Off-set		
	<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Calibration		
	<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Fit/Function	<input type="checkbox"/> Out of Sequence		

# Picklist Print

June-12-13 9:14:40 AM

Page 1

Work Order ID: 102817

Parent Item: D3245-1

Parent Item Name: Panel

Start Date: 6/11/13

Required Date: 6/11/13

Start Qty: 8.00

Required Qty: 8.00

Comments: IPP A04.07.07New issueKJ/JLM  
IPP Rev:b ECN 1052 07-10-31 DD verified by:JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M304S22GA 304/316 .032 Sheet		Purchased	No			100	sf	172.4800	0.804	6.7705264			13-07-15

Location	Loc Qty	Loc Code
MAT020	172.48	
118271	10.76	
120866	55.47	
<u>121889</u>	106.25	<u>6.8</u>

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Date:



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

### Work Order update only

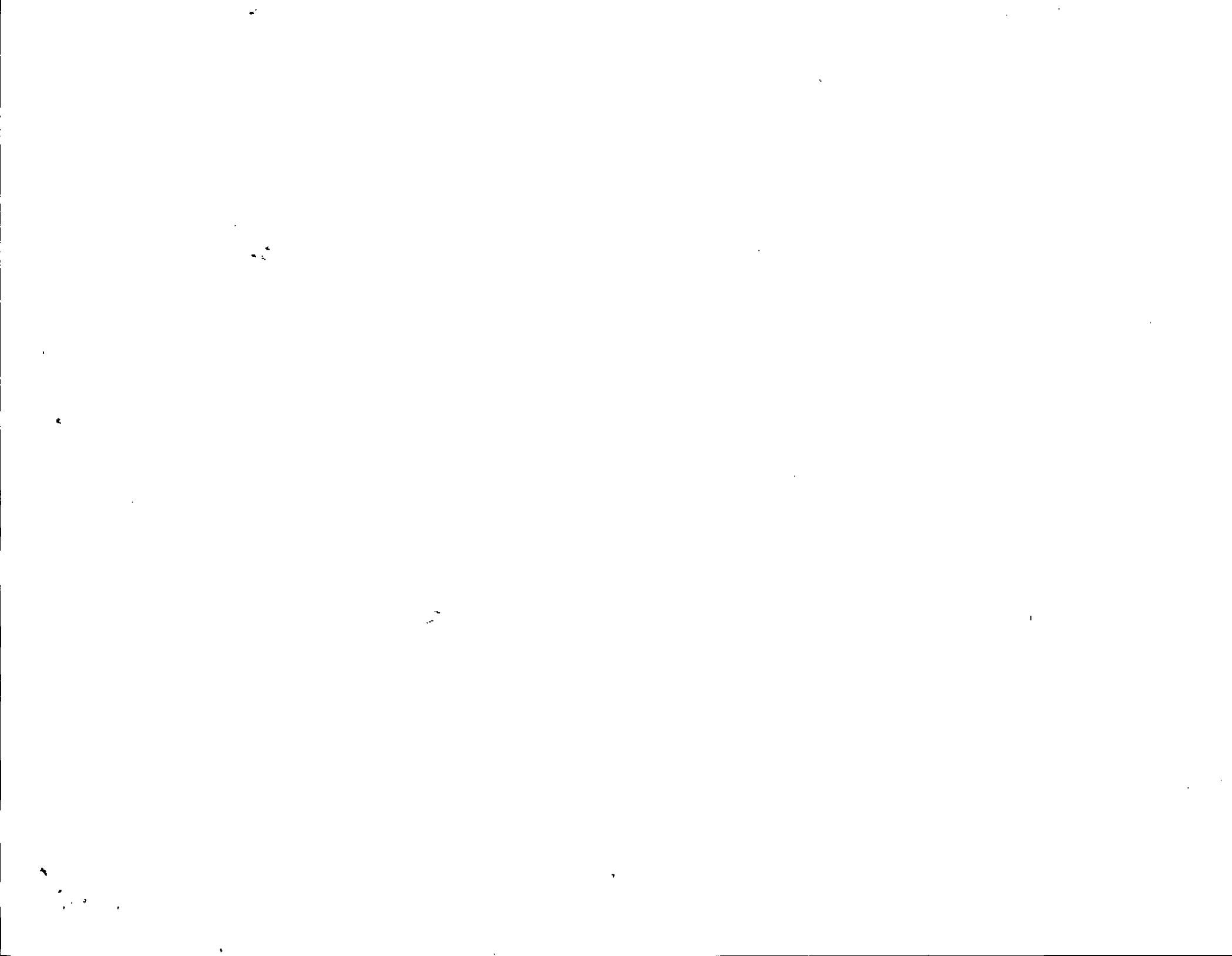
Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
Part No. _____			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
NCR No. _____			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Suspected Unapproved <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause	Date	Step	Qty	Description of work order update or non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Design											
Doc/Data											
Equip/Tooling											
Handling/Pre											
Material											
Operator											
Offset/Setup											
Process											
Supplier											
Training											
Transport											
Unapproved											
FAULT CATEGORY											
Landing Gear			General								
<input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube			<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function								
			<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence								
			<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge								
			<input type="checkbox"/> Pressure/Forced Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled								
			<input type="checkbox"/> Other								

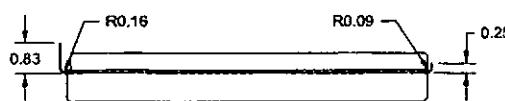
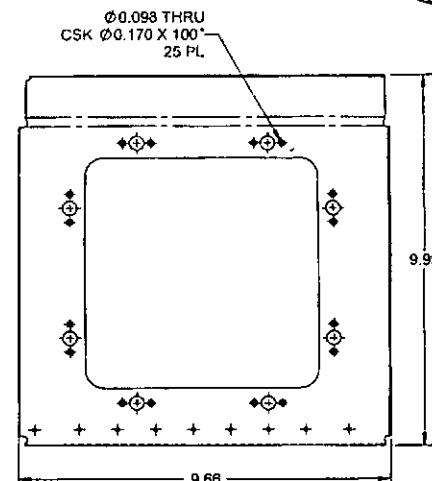
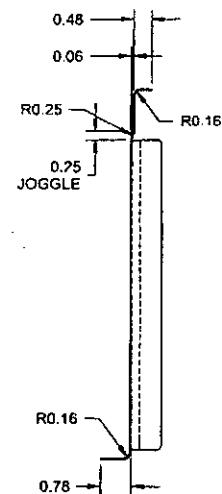
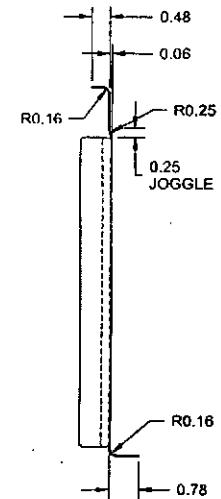
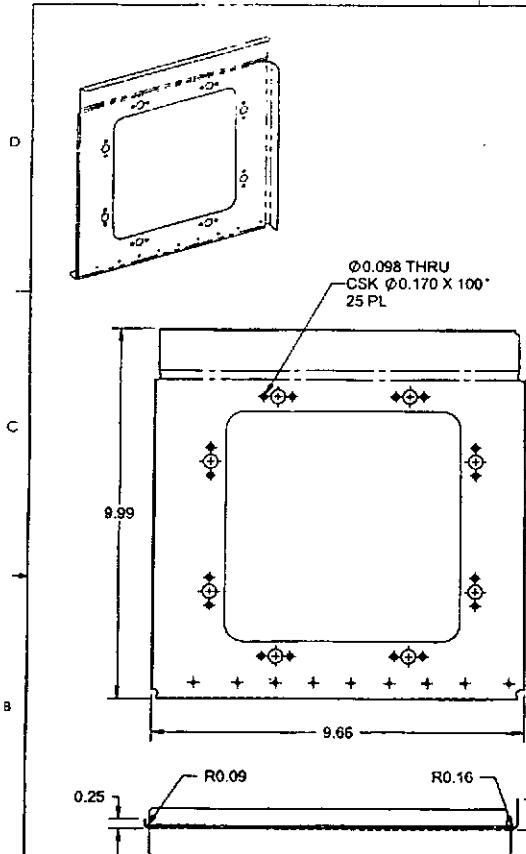
DART AEROSPACE LTD	Work Order:	102817
Description: Panel	Part Number:	D3245-1
Inspection Dwg: D3245	Rev: D	Page 1 of 1

## FIRST ARTICLE INSPECTION CHECKLIST

Measured by:	<i>Ae</i>	Audited by:	<i>27</i>	Preliminary Approval:	
Date:	<i>13.07.15</i>	Date:	<i>12.7.15</i>	Date:	

Rev	Date	Change	Revised by	Approved
A	08.09.04	New Issue	KJ/DD	
B	12.05.14	Dimensions updated per Dwg Rev C	KJ	
C	13.02.27	Dwg Rev updated	KJ	





D3245-1 PANEL (LH)

D3245-2 PANEL (RH)

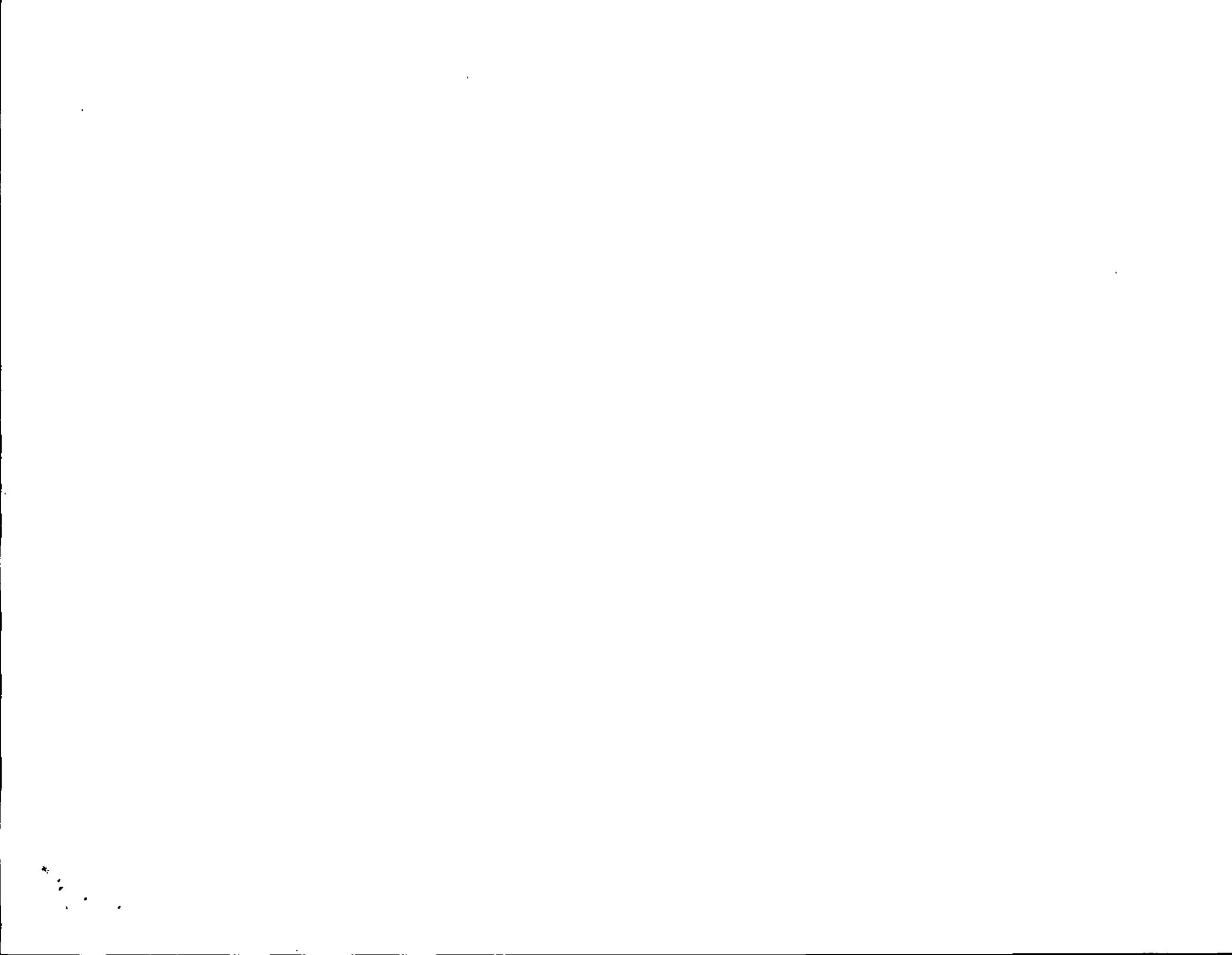
RELEASE  
2012-11-06

NOTES:

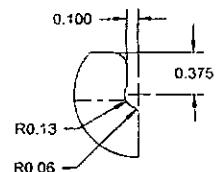
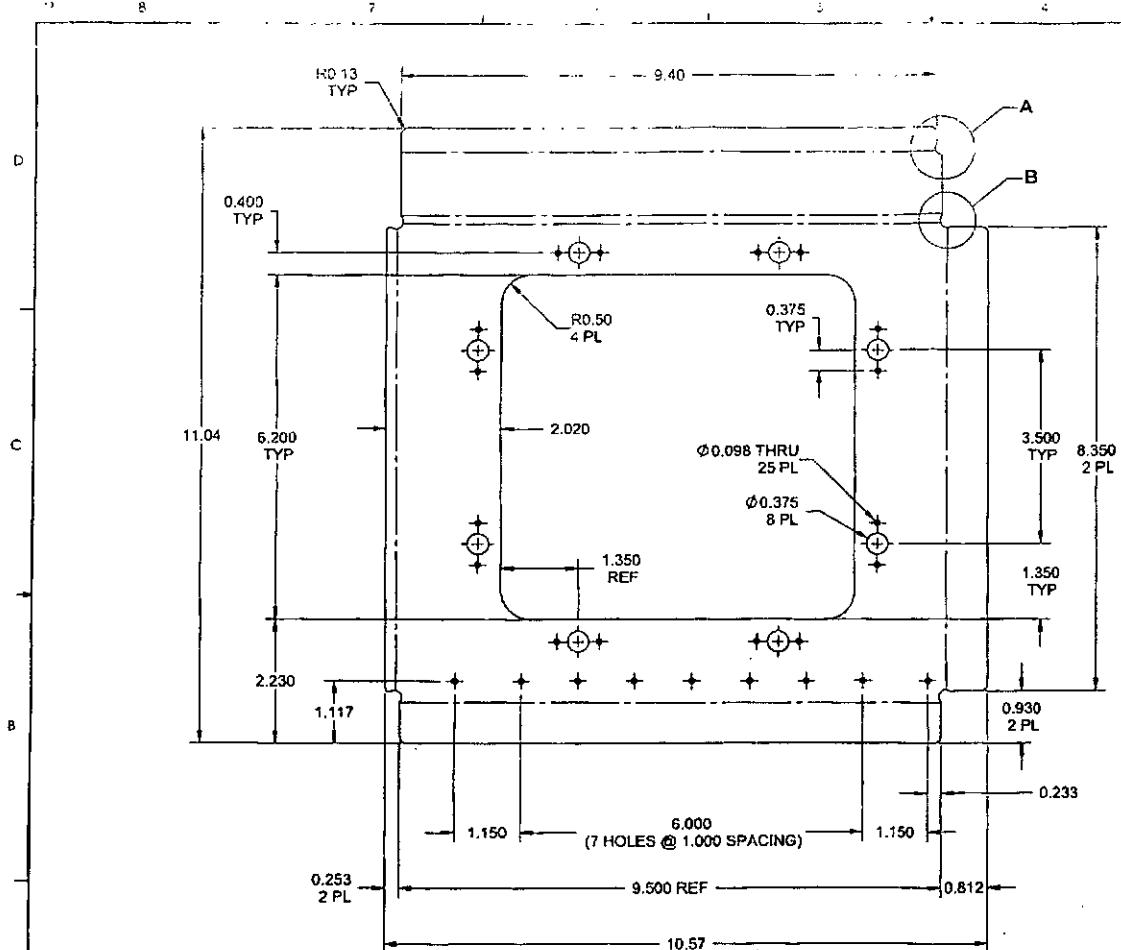
- 1) MATERIAL: MAKE FROM D3245-1F
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: N/A
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: 0.70 lbs

DESIGN	7E	DART AEROSPACE LTD
DRAWN		HAWKESBURY, ONTARIO, CANADA
CHECKED	11	DRAWING NO. D3245
MFG. APPR.		REV. D
APPROVED	11	SHEET 3 OF 7
DE APPR.	11	TITLE ACCESS PANEL ASSY
DATE	12.10.16	SCALE NTS

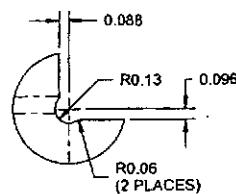
COPYRIGHT © 2004 BY DART AEROSPACE LTD  
THIS DOCUMENT IS THE PROPERTY OF DART AEROSPACE LTD. IT IS SUPPLIED ON THE EXPRESS UNDERSTANDING THAT IT IS  
NOT TO BE USED FOR ANY PURPOSE OR COPIED OR REPRODUCED IN ANY OTHER MANNER WITHOUT  
WRITTEN PERMISSION FROM DART AEROSPACE LTD.



102817



**DETAIL A: RELIEF**  
SCALE 1:1



**DETAIL B: RELIEF**  
TYP, 4 PL  
SCALE 1:1

RELEASED  
2012-11-06

## NOTES:

- 1) MATERIAL: AISI 304/316 SS SHEET, 0.032 THICK, ANNEALED, 2B FINISH, PER MIL-S-5059 OR AMS 5513 (304) OR AMS 5524 (316) OR ASTM A240 OR ASME SA240 (REF. DART SPEC. M304S22GA)
- 2) FINISH: NONE
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: N/A
- 7) WEIGHT: 0.70 lbs

**D3245-1F PANEL FLAT PATTERN**

DESIGN	1F	DART AEROSPACE LTD	
DRAWN		HAWKESBURY, ONTARIO, CANADA	
CHECKED	4	DRAWING NO.	REV. D
MFG. APPR.		D3245	SHEET 4 OF 7
APPROVED		TITLE	SCALE
DE APPR.		ACCESS PANEL ASSY	NTS
DATE	12.10.16	COPRIGHT © 2004 BY DART AEROSPACE LTD THIS DRAWING IS THE PROPERTY OF DART AEROSPACE LTD. IT IS TO BE USED FOR THE PLANNING AND DESIGN OF THE DRAWN ITEM ONLY. IT IS NOT TO BE COPIED, USED, OR PLACED ON COMPUTERS, DISKS, OR ANY OTHER PERSISTENT MEDIUM WITHOUT THE EXPRESS WRITTEN DART AEROSPACE LTD	

